

34153

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026028

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

414

STATE FILE NUMBER

FILED JUL 30 1962

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in lb 2 weeks	c. CITY OR TOWN Columbia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS Rt. # 4 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HATTIE BELLE HUFFSTUTTER		4. DATE OF DEATH Month Day Year July 23 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-28-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Cleaners	9. AGE (last birthday) 72
11. BIRTHPLACE (City and state or country) Boone County Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Henry Shaw		13b. MOTHER'S MAIDEN NAME Ozella Sandidge	
14. NAME OF HUSBAND OR WIFE Alonzo B. Huffstutter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. INFORMANT Mrs. Watt Cheavens, Rt. 4 Columbia		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral and Popliteal (rt) Art. Embolism DUE TO (b) Myocardial Infarction, left atrium unknown DUE TO (c) Arteriosclerotic heart dis. with Auricular fibrillation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fall at Nursing Home, lacerating left lower leg/belly. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fall at 3:00 PM at Nursing Home, injuring leg 20c. TIME OF INJURY Hour 3:00 P.M. Month, Day, Year 7, 6, 62 on her Walker. 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nursing Home 20f. CITY, TOWN, OR LOCATION Columbia COUNTY Boone STATE Mo. 21. I attended the deceased from 1958 to 7-23-62 and last saw her alive on 7-23-62 Death occurred at 3:12 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) John C. Tinsley Jr. M.D. 22b. ADDRESS 16 So Tenth Columbia Mo. 22c. DATE SIGNED 7-24-62 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7-24-1962 23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery 23d. LOCATION (City, town, or county) Columbia, Missouri 24. FUNERAL DIRECTOR Parkers Funeral Service Columbia, Mo. 25. DATE RECD. BY LOCAL REG. July 24, 1962 26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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8961 5 NNR

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. W. Phillips

Licensed Embalmer No. 4897

P. O. Address Columbus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.